



Final Payment Request

This form must accompany any claim submission for final reimbursement on projects that previously requested partial payment reimbursement.

Part 1 of 3	Project Information – to be completed by Project Sponsor	
Project Sponsor:		
Property Owner Name:		
Project/Property Address:		
Project/Property P.O. Number:	Authorized Project Amount:	Grant (CDBG, HOME, HTF, etc):
Contractor Payee:		

Part 2 of 3	Attachments to Payment Request – to be completed by Project Sponsor
<i>Backup documentation must adhere to the Claim Guidelines in the Policies & Procedures manual. Consult City Staff if needed.</i>	

Part 3 of 3	Certification – to be completed by Project Sponsor & Rehabilitation Specialist	
Amount of Final Payment:		
Rehabilitation Specialist's Signature	Rehabilitation Specialist's Name, Printed	Date
Project Sponsor Authorized Signature	Project Sponsor Authorized Signer Name, Printed	Date

Basis for approval: (1) Acquisition costs are the funds necessary to acquire the eligible property and the amount does not exceed as-is fair market value of the property **or**; (2) Rehabilitation work has been satisfactorily completed based upon construction specifications and in a workmanship manner to justify final payment. All requests subject to approval by the appropriate Program Manager.